

Notice of Privacy Practices

CC Counseling, LLC

Privacy Notice

This notice describes: How personal and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

HIPPA

A federal act called the Health Insurance Portability and Accountability Act (HIPPA). This notice gives you information on your rights through HIPPA.

Understanding the type of information we have

I get information about you when you enroll for services with CC Counseling, LLC. Services may include counseling, an assessment, behavior therapy, behavior training, or other services as appropriate. This information includes your date of birth, sex, social security number, and financial billing information. I may also receive reports from previous service providers, and other data about services.

My privacy commitment to you

I care about your privacy. The information I collect about you is private. I am required to give you a notice of your privacy practices. Only people who have both the need and legal right may see your information. Unless you give me permission in writing, I will only disclose your information for purposes of treatment/services, payment, business operations or when required by law to do so.

Treatment/Services

I may disclose information about you to coordinate your services. For example, I may give information to a provider in order for you to receive the services that you have requested.

Payment

I may use and disclose information so the care you get can be properly billed and paid for. For example, I may ask your case manager, therapist, referral source for details, before the bill for your care is submitted.

Business Operations and Communication

I may need to use and disclose information for business operations. For example, I may use information to review the quality of the services you get. As part of communication I utilize telephone services and text as part of reminders. You have the right to opt-in or opt-out of receiving text, an example of this language is: NETWORK MSG: You replied with the word "stop" which blacks all texts sent from this number. Text back "unstop" or "start" to receive messages again.

Exceptions

For certain kinds of records, your permission may be needed even for release for treatment, payment, and business operation.

As Required by Law

I will release information when required by law to do so. Examples of such releases would be for law enforcement or national security purposes, subpoenas or other court orders, communicable disease reporting, disaster relief, review of our activities by government agencies, to avert a serious threat to health or safety, or in other kinds of emergencies.

With Your Permission

If you give permission in writing, I may use and disclose your personal information. If you give permission, you have the right to change your mind and revoke it. This also must be in writing.

Your Privacy Rights

You have the following rights regarding the health information that I have about you. Your requests must be made in writing to the Privacy Officer, Catharine Cook, LPC, LLP, RD.

◊ YOUR RIGHT TO INSPECT AND COPY In most cases, you have the right to look at or get copies of your records. You may be charged a fee for the cost of copying records.

◊ YOUR RIGHT TO AMEND You may ask me to change your records if you feel that there is a mistake. I can deny your request for certain reasons, but I must give you a written reason for our denial.

◊ YOUR RIGHT TO A LIST OF DISCLOSURES You have the right to ask for a list of disclosures made after Dec 1, 2014. This list will not include the times that information was disclosed for treatment, payment, or business operations. This list will not include information provided directly to you or your family, or information that was sent with your authorization.

◊ YOUR RIGHT TO REQUEST RESTRICTIONS ON OUR USE OR DISCLOSURE OF INFORMATION You have the right to ask for limits on how your information is used or disclosed. I am not required to agree to such requests.

◊ YOUR RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS You have the right to ask that I share information with you in a certain way or in a certain place. You do not have to explain the basis for your request.

How To Use Your Rights Under This Notice

If you have questions or would like to more information, you may contact CC Counseling, LLC by phone call or text at 269-216-7900.

If you believe your privacy rights have been violated, you can file a complaint with:

◊ Catharine Cook, LPC,LLP, RD or

◊ Department of Health and Human Services

Complaints and Communications

You may write to: CC Counseling, LLC; 309 W. Walnut St.; Kalamazoo, MI 49007

Complaints to the Federal Government

If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may write to : Office of Civil Rights Dept. of Health & Human Services 200 Independence Ave, S.W. Washington DC 20201 Phone (866) 927-7748 TTY (866) 7884989 Email: ocrprivacy@hhs.gov (<mailto:ocrprivacy@hhs.gov>).

YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT

Changes To This Notice

I reserve the right to revise this notice. A revised notice will be effective for information I already have about you as well as any information I may receive in the future. I am required by law to comply with whatever notice is currently in effect. If changes are material, a new notice will be mailed to you before it takes effect.

Copies of This Notice

You have the right to receive an additional copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. Please call or write to us to request a copy.

This notice is available in other languages and alternate formats that meet the guidelines for the Health Insurance Portability and Accountability Act (HIPAA).

Esta notificación está disponible en otras lenguas y formatos diferentes que satisfacen las normas del Health Insurance Portability and Accountability Act (HIPAA).

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.